Information Technology NEWS
Office of Information Technology

December 2004

Inside This Issue:

Charles W. Grim, DDS, MHSA
Director, IHS
Keith Longie, *CIO*
George Huggins, *Acting Director DIT*
Juan Torrez, *Editor*

HIPAA Security Compliance Looms

The IHS, like many provider groups and health care plans, is facing the fast approaching April 20, 2005 deadline for compliance with the HIPAA Security Rule. The laundry list of HIPAA requirements (see Table 1) that range from assigning information security responsibility to developing a continuity of operations plan can leave us wondering, "how are we going to meet these requirements—there are not enough hours in the day or money in the coffers to do all this."

The Division of Information Security is here to help. We cannot add hours to the day or print money, but we can assist by identifying support for conducting risk assessments; providing guidance and support for risk management decisions; providing required written policies and procedures; suggesting solutions for controls; providing a checklist to organize efforts;[1] and providing guidance for coordinating HIPAA compliancy actions with other overarching information security requirements. (Contact the Division of Information Security to access these resources.)

While HIPAA security requirements are a step forward in protecting electronic patient health information for many health care entities, it is in essence a subset of broader, more stringent laws, regulations, and directives required of federal government entities protecting federal information. The roots of these requirements stretch back many years to laws, such as the *Privacy Act* of 1974 and the *Computer Security Act* of 1987 and continue to sprout new branches such as the recently released *Homeland Security Presidential Directive* (HSPD) 12.[2] These new requirements are evidence that pressure for adequately protecting federal government information is increasing and is coming from a variety of directions impacting business processes, budgets, and operations.

I recently learned that at least one Area is striving to incorporate all requirements now rather than later. I recommend this approach for all Areas. While we are stretching days and dollars and working up a sweat to become compliant, we should ensure that we include all federal information security requirements to eliminate wasted resources caused by replacing controls implemented for HIPAA with more stringent, overriding requirements (e.g., E-Authentication).[3]

Meeting HIPAA security requirements is a

continued on page 11

EHR Update

The Electronic Health Record graphical user interface (GUI) is well into the beta testing process. Seven IHS and Tribal facilities are contributing to this effort: Crow Hospital in Montana, Wind River Service Unit in Wyoming, Warm Springs Health Center in Oregon, Cherokee Hospital in North Carolina, W.W. Hastings Hospital in Oklahoma, and the Fort Defiance and Ho Ho Kam Hospitals in Arizona. Together, more than 100 clinical users are interacting with EHR on a daily basis to view patient information, write encounter notes, and enter orders, immunizations, and other clinical information into RPMS.

Current plans call for certification and release of the EHR as an official IHS software application sometime in December 2004, if testing proceeds smoothly as expected. A number of facilities are deep into preparations for implementation of EHR, and during the rest of 2004 and 2005 approximately 25 additional sites are expected to begin using the application. The EHR program has an ambitious goal of deploying the EHR to all IHS facilities by the end of 2008. A new series of EHR training sessions are in development. Week-long trainings for Clinical Application Coordinators (CAC) and implementation teams are being held monthly, and advanced CAC training sessions are being planned as well. Training for technical staff on how to install and support EHR is being planned. Interested persons are invited to contact David Taylor at David.Taylor@IHS.HHS.gov for more information.

EHR is only part of a suite of new RPMS applications. The new Patient Information Management System (PIMS) application was released in June 2004. The new Radiology version 5.0 package has been released as well. Several Areas are coordinating the regional deployment of the Radiology application. Finally, the new Pharmacy package (Inpatient v5.0 / Outpatient v7.0) is expected to be released within a few weeks. All of these applications are prerequisites to installing the full Electronic Health Record, although the applications are not required to be used. (In other words, if a facility has no x-ray department it may run EHR without using the Radiology application, as long as Radiology is installed.)

The IHS-EHR Web page will be updated regularly to remain a source of current information about this project. ■

Howard Hays, MD, MSPH,
IHS-EHR Program Director

Security Awareness Tip: Social Engineering

Social engineers use verbal skills and technical knowledge to fool others into believing they are trustworthy. Social engineers may use interpersonal skills or combine human interaction with computer software to meet their objectives.

Some common methods of social engineering include:

- Pretending to be someone else
- Impersonating technical support
- Dumpster diving
- Shoulder surfing
- Eavesdropping
- Fake pop-up windows
- Fake contest Web sites
- Bogus e-mail attachments
- Hoaxes

Don't let social engineers trick you into releasing unauthorized information. For more information contact your Information Systems Security Officer (ISSO).

Kathleen Federico, *Assistant ISSO*

IHS Electronic Dental Record (EDR) Project

The IHS Division of Oral Health (DOH) has recently completed pilot testing of three commercial off-the-shelf (COTS) dental software packages. This pilot testing is one part of a multi-phased approach that the DOH is using to identify dental clinical and practice management software to replace the Dental Data System (DDS) module of the Resource and Patient Management System (RPMS).

History

In 1997, the IHS Dental Professional Specialty Group (PSG) recognized that new dental software was necessary to improve clinical documentation, provide new functionality for dental examinations, patient scheduling, and epidemiologic reports, and become current with digital dental imaging (radiographs, and intra- and extra-oral photographs) requirements. Without the resources to adequately enhance the current DDS or develop new software from scratch, the decision was made to pursue the possibility of a COTS software solution. If approved, the COTS software integrated with RPMS will become the IHS EDR.

Over the past six years, the Dental PSG has accomplished the following:

- identified and revised its technical and functional requirements
- held a vendor fair for six dental software companies
- published the technical and functional requirements and issued a Request for Comment to the dental software industry
- developed an EDR/RPMS interface concept and technical requirements document
- developed a business case analysis
- presented a four option proposal to the IHS Information Technology Investment Review Board (ITIRB)
- developed a pilot management plan
- developed a COTS vendor evaluation plan
- contracted for a market survey and comparative matrix of all current dental software packages
- conducted live test demonstrations of the four COTS software packages identified in the matrix as best meeting the needs of IHS
- developed and submitted all required security documentation

In February 2003, the ITIRB gave approval for the DOH to proceed with pilot testing. The pilot testing phase would also require vendors to submit detailed cost estimates. The live test demonstrations conducted in November 2003 identified three dental COTS software packages that could meet the IHS requirements for clinical applicability, business experience and reliability, successful performance in public and private institutions worldwide, and interface development that would integrate the COTS software with RPMS.

Testing

A contract was awarded to an integration contractor to administer and manage the pilot testing phase involving the three COTS vendors participating in the pilot, and coordinate with the IHS pilot sites and the IHS Project Management Team. Applications to be considered as a pilot test site were made available to all Indian Health/Tribal/Urban (I/T/U) dental programs across the nation. Ultimately six pilot test sites (three federal and three tribal) were selected. Each of the three COTS software applications were pilot tested in two sites: one local-area network (LAN) site and one wide-area network (WAN) site. Actual pilot testing lasted six weeks and included all the clinical and practice management functionality offered by the COTS applications with the exception of the third party billing functionality.

In addition, two interfaces with RPMS

continued on page 12

Help Desk Statistics

The OIT Help Desk closed 956 support calls for the third quarter. Here's a breakdown of those calls:

1. Resolved within 0-7 Days: 508 (53%)
2. Resolved within 8-14 Days: 82 (9%)
3. Resolved within 15-21 Days: 63 (6%)
4. Resolved within 22+ Days: 303 (32%)

You can contact the OIT Help Desk by:
Phone: 888-830-7280 or 505-248-4371
or **E-Mail:** ITSCHelp@IHS.HHS.gov

Alex Fullam, *User Support Specialist*

National Data Warehouse

The New National Data Warehouse is Getting Closer!

The Office of Information Technology (OIT) and the Indian Health Performance Evaluation System program (Phoenix Area and OIT staff assigned to that program) are collaborating to stand up the first production version of the new National Data Warehouse (NDW). Five Areas have already completed the initial export of all of their RPMS data, and the remaining seven have either begun their exports or are completing their preparations to begin. We are also beginning to receive CHS data and are actively working with several sites using non-RPMS systems to prepare for their exports.

The NDW is a new, state-of-the-art system for gathering, storing, and then reporting information to the various components of our Indian health systems. As part of this first production version, we will create a central NDW database that will provide a relatively complete, historical repository of patient registration and encounter information dating back to October 2000. The NDW database will, in turn, provide information to a number of 'data marts' that will make this information available to users in a more easily accessible and usable fashion.

The NDW and its data marts will be a collection of systems that will provide program managers, clinical managers, and clinicians the kind of information they need to provide and to assure high quality healthcare services. These data marts will produce, for example, the annual Workload and User Population reports, allowing us to verify social security numbers and to report verification status to local facilities. They will also assist local facilities in complying with their CMS Outcomes Measurement requirements. The IHPES program will use this system to generate its ORYX reports for local facilities. A number of programs including the Diabetes, Cancer, PHN, and Health Education programs will use these data marts to manage their programs and to provide reports to Agency management, the Department, Congress, and the Administration. Finally, it will provide authorized users with more advanced statistical and analytic skills, as well as direct access to the data for individual ad hoc searches.

A new web-based Export Tracking Report System will provide extensive information to local facilities and Area offices, confirming the complete and accurate receipt of data sent to the NDW and monitoring certain historical trends so that we can proactively notify facilities if some data appears to be incomplete. A data quality data mart will provide detailed information to local facilities about the quality of the data they are gathering and identify opportunities for improvement. The goal of this data mart will be to foster a partnership between those at local sites, Area offices, and OIT to ensure that the information in our various information systems is the highest quality possible (for local provision of care as well as Area office and national purposes), and that the data the NDW receives in order to generate some of its most critical reports is complete and accurate.

Plans call for the current legacy NPIRS and ORYX systems to produce the official FY2004 Workload and User Population Reports, as well as all ORYX and other reports through the early summer of 2005. The NDW will produce all ORYX and other reports from late summer 2005 on, and the official FY2005 Workload and User Population Reports during the fall and early winter of 2005. ■

Stanley Griffith, MD
Medical Informatics Consultant

IT Security

A computer crash due to a malicious attack can cause data loss and work stoppage. Many of these incidents can be prevented.

- Backup your files and information regularly
- Avoid downloading unauthorized software
- Delete unexpected e-mail attachments (even from familiar e-mail addresses)
- Install, utilize, and update virus checking security applications
- Report suspicious activities to your security personnel promptly

Kathleen Federico, *Assistant ISSO*

Business Office News

Status Report on the new Patient Account Management System (PAMS)

IHS representatives continue to work with the Tribal Consortium and Informatix Laboratories, Corp., to develop the new RPMS billing application. The new application is called the Patient Account Management System (PAMS), and it will combine the existing Third Party Billing and Accounts Receivable RPMS applications.

Indian Health Service representatives are Sandra Lahi (OIT), Adrian Lujan (OIT), Sharon Sorrell (GIMC), Toni Johnson (California Area), Lori Aguilar (Phoenix Area), and Violet Kenny (PIMC). Nelda Dodge (SEARHC) is serving as the Alaska representative.

The PAMS workgroup has been actively working on this project through weekly conference calls. The plan is to install the first Chickasaw Nation alpha site the week of November 29, 2004. The remaining alpha sites will be installed December 2004 through January 2005. The alpha sites include Chickasaw Nation, Gila River, Choctaw Nation, and GIMC. The beta sites include SEARHC, Maniilaq Tribal Indian Hospital, Wind River Service Unit, and Sacramento Urban Health Project, Inc. A Phoenix Area site is also being identified.

There are three major steps that each site must address to prepare for the PAMS software installation. The three steps are Patient Registration version 7.1, Business Process changes, and the PAMS installation.

1. Patient Registration v7.1 is a critical application that must be installed before PAMS can be installed. There are many front-end edits available in the new version that will require sites to properly train the registration staff on order of billing and sequencing the insurances by coverage types. Other new functional items include an errors/warnings flag on critical data elements, a new Benefits Coordinator page, and an online Medicare Secondary Payer questionnaire in addition to many other changes. It will be necessary for each site to run the Errors/Warning Audit Report to define missing critical data elements and to correct these data elements prior to installation. For more information on this application, please contact Adrian Lujan at 505-248-4349 or Adrian.lujan@IHS.HHS.gov.

2. To obtain the full functionality offered by the PAMS application, it has been identified that the site must change their Business Process to ensure accurate data is inputted into the system. OIT and the NBOC (National Business Office Committee) have defined a Business Process checklist for sites to use to prepare for the installation of PAMS. To further support the data conversion efforts from the existing third party and accounts receivable applications, backlogs in PCC, Billing and A/R posting must also be current. Sharon Sorrell, Business Office Manager from GIMC, is under an agreement to support this aspect of the project. For more detailed information on the mandatory Business Process changes, Sharon can be reached at 505-722-1474 or Sharon.Sorrell@IHS.HHS.gov.

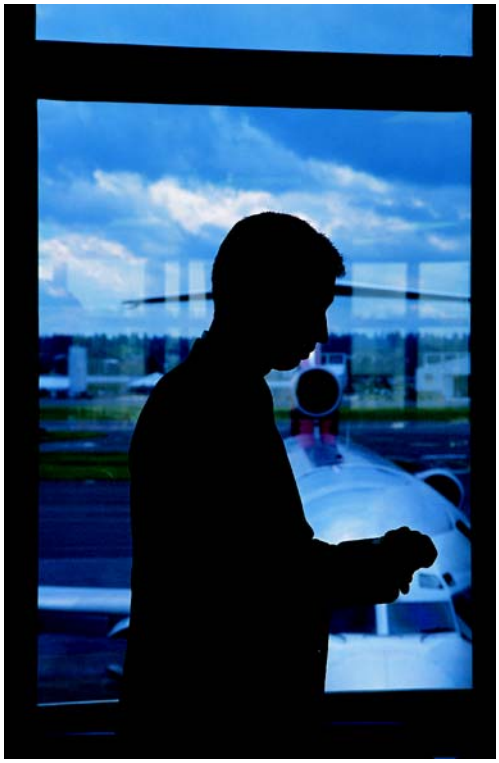
3. PAMS is scheduled for national deployment in June 2005. It is recommended that each site begin the preparation for the installation of this application. OIT has scheduled Train the Trainer sessions for Patient Registration v7.1 in January and February 2005 for three representatives from each Area. Please contact your Area Business Office Coordinator for representation from your Area. PAMS Train the Trainer sessions are also being scheduled for April 2005 in which representation from each Area will be invited.

For more information on this project, you can access the PAMS Web board at http://www.forum.ihs.gov/~PAMS. It provides initial information on this project including project documentation, project plans, use case scenarios, and timelines. OIT is also updating the IHS Business Office Web site with information to guide sites on PAMS preparation. Once this is updated, notification will be sent out. If you have any questions on any portion of this project, contact Sandra Lahi at 505-248-4206 or Sandra.lahi@IHS.HHS.gov. ■

Sandra Lahi
Management & Program Analyst

eTravel is Coming to IHS

Implementation of the eTravel initiative at HHS has started. The Department has a phased approach for implementation to ensure OPDIVs and STAFFDIVs have the time that they need to be successful in the rollout of eTravel. The eTravel Service (eTS) will provide all of HHS with web-based, world-class travel management service from two vendors: Omega Travel and Northrop Grumman. The team of vendors will provide a commercially hosted, fully integrated service that is vendor-owned, hosted, and operated. This will minimize HHS's capital investment and downstream maintenance costs.



The initial phase of implementation at the Indian Health Service is right around the corner with deployment of a new Travel Management Center (TMC). A team of representatives from each Division of HHS worked together to determine what was best for the Department. The analysis revealed that it best serves the Department and taxpayers if we consolidate TMCs. As a result, and inline with the IHS expiring contract, we will move to Omega Travel between December 2004 and March 2005 (depending on when your existing contract expires).

Those of you accustomed to self-booking your travel will be introduced to a new system at the beginning of the calendar year (2005). Those of you accustomed to calling the travel agent will still have that option, but you too will be trained on how to self-book travel as it is a significant cost savings to IHS.

We will invest our time implementing the Voucher and Authorization portion of the eTravel solution (Govtrip) and tentatively plan to be live on the new system by the summer of 2006. We want to be sure users are adequately trained on the GovTrip solution and that individuals in the field have adequate time to become system experts to support our users.

For more information please feel free to visit the following Web sites:

http://intranet.hhs.gov/etravel/
http://egov.gsa.gov/ ■

Ann Speyer
Program Manager of eTravel for HHS
Director of Business Technology Optimization

Information Security Awareness Tips

1. Use antivirus software and keep it up to date.
2. Don't open e-mails or attachments from unknown sources. Be suspicious of any unexpected e-mail attachments even if it appears to be from someone you know.
3. Protect your computer from Internet intruders - use firewalls.
4. Regularly download security updates and patches for operating systems and other software.
5. Use hard-to-guess passwords. Mix upper-case, lower case, numbers, or other characters not easy to find in a dictionary.
6. Back-up your computer data on disks or CDs regularly.
7. Don't share access to your computers with strangers. Learn about file sharing risks.
8. Disconnect your computer from the Internet when it is not in use.
9. Check your security on a regular basis. When you change your clocks for daylight savings time, re-evaluate your computer security.
10. Make sure your family members and/or your employees know what to do if your computer becomes infected.

RPMS Development News

Recently Released Applications

IHS Clinical Reporting System v5.0
Clinical Reporting System (CRS) version 5.0 was formerly known as GPRA+. This version adds FY 2005 clinical performance indicators to existing FY 2002 through FY 2004 indicators.

CRS is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of clinical GPRA and developmental indicators. CRS was first released for FY 2002 indicators (as GPRA+) and is based on a design by the Aberdeen Area (GPRA2000).

Referred Care Information System v3.0
The new IHS RCIS is a group of computer programs created to assist you with clinical and administrative management of all referred care, including in-house referrals, referrals to other IHS facilities, and referrals to outside contract providers. The system is designed to automate the referral process within a facility. Essential information is gathered to provide timely and accurate referral data on individuals and groups of patients for the key clinical and administrative managers at care delivery sites, IHS Areas, and IHS Headquarters. By tracking information in referred care, RCIS helps IHS provide appropriate, effective, and high-quality referred care services to American Indian/Alaska Native people at fair and reasonable prices.

Radiology v5.0
Version 5.0 of the Radiology/Nuclear Medicine package is designed to assist with the functions related to processing patients for imaging examinations. The types of imaging exams supported are General Radiology, Nuclear Medicine, CT Scan, Magnetic Resonance Imaging, Angio/Neuro/Interventional, Ultrasound, Vascular Lab, Cardiology Studies, and Mammography.

Text Integration Utilities (TIU) v1.0*
The TIU component of the IHS Resource and Patient Management System (RPMS) simplifies the access and use of clinical documents for both clinical and administrative personnel, by standardizing the way clinical documents are managed. In connection with Authorization/Subscription Utility (ASU), a hospital can set up policies and practices for determining who is responsible or has the privilege for performing various actions on required documents.

Designated Primary Provider (BDP)
The BDP system facilitates assignment of a panel or multiple panels of patients to a designated primary care provider. The system similarly permits assignment of a panel or panels of patients to one of several specialty care providers, such as a diabetes provider, home care provider, mental health provider, and others.

In addition to initial assignment of patients to primary care and specialty providers, the system facilitates easy changing of patients from one provider to another and addition/deletion of individual patients from a provider's assigned panel.

The assignment of patient panels to primary care providers and to specialty care providers is intended to assist a facility's comprehensive care team in coordinating the overall care of patients. Additionally, it permits the display of important statistical information by provider panels.

View Patient Record (BVP)
The View Patient Record application is a single menu option that allows a patient-oriented view of RPMS data. It presents the patient's health summary in browse mode and then allows more detailed views and limited ability to update information.

ICD Update (AUM) v05.1
ICD Updates version 5.1 contains the 2005 updates to the ICD Diagnosis file (file #80) and the ICD Operation/Procedure file (file #80.1).

Albert Toya
Software Quality Assurance

RPMS Development News

Recent Patch Releases

Periodic Updates
Average Wholesale Pricing (APSA) v6.1 patch 53 and 54
Patient Drug Education (APSE) v6.1 patch 18
IHS Standard Table (AUM) v5.1 patch 1
IHS Patient Dictionaries (AUPN) v 99.1 patch 14
IHS Dictionaries (Pointers) (AUT) v98.1 patch 15

Third Party Billing (ABM) v2.5 patch 6
Patch 6 of the Third Party Billing package addresses several issues reported from the field and corrects problems found with patch 5. The majority of the resolved issues involved errors that resulted in rejected or denied claim batches. The patch also addresses some default settings that have been modified to create a cleaner more complete set of data from which to work.

Pharmacy Point of Sale (ABSP) v1.0 patch10
The primary purpose of this patch is to adjust the retrieval/updating of the Outpatient Pharmacy Prescription Refill NDC field to maintain POS functionality with either Outpatient Pharmacy versions 6.0 or 7.0, and to release a couple of new NCPDP 5.1 HIPAA compliant claims formats.

Contract Health Service (ACHS) v3.1 patch 11
In response to Section 506 of the Medicare Modernization Act (MMA), IHS and the Urban and Tribal programs will be able to pay Medicare participating hospitals at rates based on Medicare-Like Rates. Changes to CHS based on this update are as follows:

- A new field for Medicare Provider has been added to the Provider Vendor update screen. New information and data entry fields for Medicare Provider information when initiating purchase orders on type of document (43 Hospital Service).
- A new field and requirements have been added to the Area CHS consolidate data from facilities process.
- Record Type 7 layouts have been modified with new items.

Administrative Resource Management System (ACR) v2.1 patches
Patch 12
This patch installs the new city per diem rates for fiscal year 2005, which includes modifications added after the release of Patch 11.

continued on page 11

Web Team News

RPMS Web Site
http://www.ihs.gov/Cio/RPMS/index.cfm

The RPMS Web site received a major face-lift recently. The RPMS Web site is an incredibly important and highly visited site. It includes a listing of all RPMS documentation, training, software files, links to other important sites, plus much more. The site's new look is a welcome change, and users will find its new layout easier to understand and navigate.

Patient Education
http://www.ihs.gov/NonMedicalPrograms/HealthEd/index.cfm

The Health Education Web site has been updated to accommodate the release of the 10th edition of the Patient Education Protocol Codes (PEPC). In edition to discipline specific code manuals, a new drop-down menu has been added that allows users to access each set of codes separately rather than having to download the entire code manual.

GPRA
The Web Team is currently working on finalizing the Web reports for the 2004 GPRA indicators. The reports will be rolled out shortly and will mimic the reports produced by RPMS and the California Area print reports. They will contain a subset of all the GPRA reports. Using the Web will allow users to quickly see the GPRA indicators in a graphical and printer friendly format.

Nurse Position Report Web Application
The nursing recruitment staff currently administers a quarterly report of nurse vacancy related data. The primary reason for this data collection is the determination of loan repayment scores and eligibility. This data is collected from approximately 300 IHS facilities into a spreadsheet or form. That form is then e-mailed or faxed to an area level coordinator and the data is consolidated manually. The current process is resource intensive. The NPR web application shall provide the nurse recruitment staff with a Web-based electronic reporting system. The goal of this system is to reduce the number of labor hours and paper spent on administering this report. ■

RPMS Development News

Applications In Development

Contract Health Services (CHS) v4.0
The CHSOs and OIT CHS team met in Albuquerque to discuss what requirements will be on the CHS Action Item list for the development of the new version of CHS. More details in future editions.

IHS Scheduling WX
IHS Scheduling WX or IHS Scheduling Windows Extension is an exciting new GUI application that will greatly improve the scheduling process. The Windows software developed by this project will extend, but not replace, existing clinical scheduling software in PIMS v5.3. Therefore, existing reports available in PIMS v5.3 will continue to be used. The parts of PIMS that deal with clinic availability, however, will be replaced in order to support the Windows application.

Inpatient Pharmacy v5.0*
The Inpatient Pharmacy package is a method of computerizing inpatient drug distribution within the hospital. Unit dose orders are entered/edited by a ward clerk, healthcare provider (physician), nurse, or pharmacist, and verified by a nurse and pharmacist. Orders may also be canceled or renewed as appropriate. Once active, the orders are dispensed to the wards by means of the pick list. The system allows for dispensing tracking from the pick list.

Integrated Case Management
While in the early stages of development, the new Integrated Case Management system will include the currently released Diabetes Management and Asthma Management systems, and the in-development (not yet released) HIV Case Management and Cardiovascular Disease Management systems. The case management convergence project will be designed and developed as an integrated case management interface. Although all of these applications are contained within the RPMS software application suite and pass clinical data into the PCC, each application will maintain its own set of logic that is not shared with the other systems.

The benefit to this approach is that a provider will be able look at a patient record and easily identify if a patient has multiple chronic conditions, which healthcare reminders are most critical, and the significance of a lab value.

Outpatient Pharmacy v7.0*
The Outpatient Pharmacy package provides a way to manage the medication regimen of patients seen in the outpatient clinics and to monitor and manage the workload and costs in the Outpatient Pharmacy. Patients are assured that they are receiving the proper medication and have the convenience of obtaining refills easily.

The clinicians and pharmacists responsible for patient care benefit from a complete, accurate, and current medication profile available at any time to permit professional evaluation of treatment plans. Utilization, cost, and workload reports provide management cost controlling tools while maintaining the highest level of patient care.

Patient Account Management System (PAMS)
See the page 6 for more details on this exciting new application.

Pharmacy Point of Sale (POS)
The new version of Pharmacy POS will include new mutli-divisional functionality, including reports. It will also have a new name and number space which is intended to facilitate sharing with the VA.

Patient Registration v7.1
Patient Registration 7.1 contains many changes, including field and file conversions, new edit checking capabilities, full patient audit/edit check, and several new screens.

Conversions will be done on a number of files and fields. Many fields have been changed from single static fields to multiple fields in order to capture historical information. New fields have been added to collect additional information. There are 35 "edit checks" performed on a number of fields. These edit checks are done as the edit screen is displayed and will provide instant feedback as to whether a field is incorrectly populated. Many field definitions have been changed to ensure data integrity. This information from the full edit check can be used to resolve data issues throughout the Patient Registration system. A few edit screens have been moved or replaced with new screens. Fields previously found on one screen have been moved to another. ■

Carl Gervais
Computer Analyst

***** This package is a requirement for the EHR

RPMS Training Schedule

OIT Sponsored Training

The following trainings are sponsored bythe Office of Information Technology (OIT):

November 2004

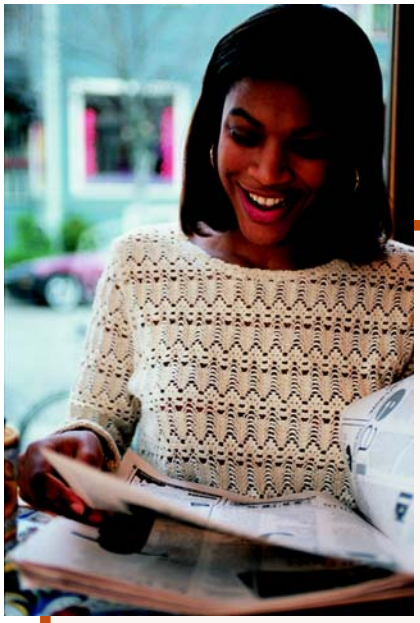
11/29-12/3	EHR CAC & Implementation Team Training – Albuquerque
11/30-12/1	CRS (Clinical Reporting System)-Bemidji
11/30-12/2	Third Party Billing/AR - GIMC

December 2004

12/6-10	Advanced Templates and TIU – Albuquerque
12/10	CRS (Clinical Reporting System) - Tucson
12/7-8	Behavioral Health & Mgr Utilities - Nashville
12/14	CRS (Clinical Reporting System) - Aberdeen
12/14-16	PIMS - Alaska

January 2005

01/10-14	EHR for Programmers or Site Mangers- Albuquerque
01/10-14	PCC Data Entry I & II - Nashville
01/11	Emergency Room System- Tucson
01/11-12	Behavioral Health GUI - Navajo
01/11-12	Preparing for Outpatient 7.0, Inpatient 5.0 & EHR – Portland (rescheduled from October 20-21)
01/11-13	PIMS – Aberdeen
01/11-13	Introduction to Laboratory - California
01/19-20	Patient Registration Train the Trainer v7.1- Albuquerque – By invite only
01/19-21	PCC+ - Tucson
01/25-26	CRS (Clinical Reporting System) - Albuquerque
01/25-27	Point of Sale Pharmacy Billing – Aberdeen
01/25-27	Third Party Billing/AR – Oklahoma



If you are interested in attending any of the OIT sponsored trainings please visit the OIT National Training Web page at:
http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index

or contact:

Michelle Riedel
RPMS Training Coordinator
(505) 248-4446
Michelle.Riedel@IHS.HHS.gov

Area Sponsored Training

The following trainings are sponsored by the Area under which they are listed. For more information about these trainings, please contact the person listed under each individual Area. If you would like your Area trainings to be included in this publication, please contact the IT News.

California Area

Contact: Toni Johnson 916-930-3981 x 354 or Kelly Stephenson x 330

11/17	RPMS Patient Information Management System (PIMS)
11/18	RPMS Patient Information Management System (PIMS) Repeat Session
11/29- 12/3	Basic ICD & CPT Coding Workshop
12/13-17	Basic Billing Workshop

Oklahoma Area

Contact: Greg Thomas 405-951-3944

11/15-19	PCC Data Entry I & II
12/1-3	Women's Health Package
12/7-9	Advanced Site Manager

Phoenix Area

Contact: Tom James 602-364-5280

12/1-2	Behavioral Health GUI
01/18-19	Behavioral Health GUI

Portland Area

Contact: Mary Brickell 503-326-5592

12/9-10	Advanced Uses of Diabetes Management System

HIPAA Security Compliance Looms

continued from page 1

step in the right direction toward achieving the ultimate objective —protecting the health and well-being of the public by properly safeguarding their valuable information. April 2005 is just a sprint away. If you are not already stretching and sweating, it is time to break out the gym gear.

Resources

1. IHS HIPAA Security Checklist, http://www.ihs.gov/AdminMngrResources/HIPAA/Docs/IHS_HIPAA_Security_Checklist.doc

2. Homeland Security Presidential Directive/Hspd-12, http://www.whitehouse.gov/news/releases/2004/08/20040827-8.html

3. E-Authentication Home Page, http://www.cio.gov/eauthentication/

Robert McKinney
Acting Director
Division of Information Security

STANDARD	Implementation Specifications		
	Required	Addressable	Total
Security Management Process	4	0	4
Assigned Security Responsibility	+0	+0	+0
Work Force Security	+0	+3	+3
Information Access Management	+1	+2	+3
Security Awareness and Training	+0	+4	+4
Security Incident Procedures	+1	+0	+1
Contingency Plan	+3	+2	+5
Evaluation	+0	+0	+0
Business Associate Contracts and Other Arrangements	+1	+0	+1
SUBTOTALS—ADMINISTRATIVE SAFEGUARDS	*=10*	*=11*	*=21*
Facility Access Controls	0	4	4
Workstation Use	+0	+0	+0
Workstation Security	+0	+0	+0
Device and Media Controls	+2	+2	+4
SUBTOTALS—PHYSICAL SAFEGUARDS	*=2*	*=6*	*=8*
Access Controls	2	2	4
Audit Controls	+0	+0	+0
Integrity	+0	+1	+1
Person or Entity Authentication	+0	+0	+0
Transmission Security	+0	+2	+2
SUBTOTALS—TECHNICAL SAFEGUARDS	*=2*	*=5*	*=7*
GRAND TOTALS	*14*	*22*	*36*

Table 1: *Summary of Security Safeguards*, HHS' *Health Insurance Portability and Accountability Act (HIPAA) Compliance Guide*, 29 October 2003

Recent Patches

continued from page 8

Patch 13
Patch 13 makes modifications to make ARMS fully compatible with Cache.

Patch 14
Patch 14 makes 4 modifications and fixes, including modifications to display the new 20 character HHS expanded document number on Purchase Orders.

Behavioral Health System (AMH) v3.0 patch 3
Patch 3 adds cross-references to the designated provider fields to support a new designated provider package, adds 5 new activity codes, puts a screen on location of encounter to screen out inactive locations, changes U to UAS for unable to screen in IPV/DV screening, and adds a new group data dictionary.

PCC Health Summary (APCH) v2.0 patch 11
This patch makes 24 modifications and fixes to the PCC Health Summary v2.0 package.

PCC Management Report (APCL) v3.0 patch 15
This patch makes 9 modifications and 7 fixes to known errors to the PCC Management Report v3.0 package.

Albert Toya
Software Quality Assurance

continued from page 3

were tested. The first interface sent patient registration information from the RPMS Patient Registration module to the COTS software. The second interface sent dental treatment data from the COTS application to the Patient Care Component (PCC) of RPMS. Pilot testing was successfully completed in September 2004.

The DOH is now compiling the evaluations of the pilot tests submitted by the dental and information technology staffs of each pilot test site, the integration contractor, the interface developer, the COTS software vendors, and the IHS Project Management Team. In addition, the integration contractor and all three COTS software vendors are submitting final proposal revisions that include cost estimates for a final solution.

Future Plans

In November of 2004 the IHS Project Management Team will meet to review the evaluations and final costs estimates, and score each COTS vendor against the following five factors:

1. Pilot test results
2. Cost
3. Technical and functional feasibility
4. Past performance
5. Compatibility with the IHS environment

In December of 2004, the IHS Project Management Team will make a recommendation for the selection of a COTS software solution to the DOH. If accepted, the DOH will make that recommendation to the IHS Area Directors, Executive Leadership Group (ELG), and ITIRB. The IHS leadership will then make a decision on how to proceed.

In keeping with the IHS desire to merge COTS packages with RPMS, the DOH has chosen an interesting and challenging approach to addressing its clinical and practice management software needs. The lessons that have been learned will serve us well should approval be given to deploy the EDR nationwide. ■

George Chiarchiaro, DDS, MHA
Consultant for Dental, Medical Imaging and MCH

Contributors

Catherine Alleva
(505) 248-4270
Catherine.Alleva@IHS.HHS.gov

George Chiarchiaro, DDS
(405) 951-3818
George.Chiarchiaro@IHS.HHS.gov

Orlando Correa
(505) 248-4471
Orlando.Correa@IHS.HHS.gov

Nancy Downes
(808) 433-7356
Nancy.Downes@med.VA.gov

Kathleen Federico
(505) 248-4381
Kathleen.Federico@IHS.HHS.gov

Alex Fullam
(505) 248-4231
Alex.Fullam@IHS.HHS.gov

Carl Gervais
(505) 248-4197
Carl.Gervais@IHS.HHS.gov

Stanley Griffith, MD
(505) 248-4144
Stanley.Griffith@IHS.HHS.gov

Howard Hays, MD
(602) 263-1687
Howard.Hays@IHS.HHS.gov

Sandra Lahi
(505) 248-4206
Sandra.Lahi@IHS.HHS.gov

Greta Lincoln
(505) 248-4274
Greta.Lincoln@IHS.HHS.gov

Robert McKinney
(505) 248-4137
Robert.McKinney@IHS.HHS.gov

Michelle Riedel
(505) 248-4446
Michelle.Riedel@IHS.HHS.gov

Ann Speyer
(301) 443-2365
Aspeyer@PSC.gov

Albert Toya
(505) 348-4380
Albert.Toya@IHS.HHS.gov

About the IT News

The IT News is published several times throughout the year by the IHS Office of Information Technology. All articles and article suggestions are gladly accepted. If you would like to submit an article for consideration or have any questions regarding this publication please contact Juan Torrez at (505) 248-4355 or Juan.Torrez@IHS.HHS.gov.

All articles should be no longer than 1200 words in length and be in an electronic format (preferably MS Word). All articles are subject to change without notice. ■